

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 05, 2004 8:00 am
Secretary of State

01-05-2004 90042 001 ****50.00

DOCUMENT # L03000004457

1. Entity Name

Rand D Group LLC



DO NOT WRITE IN THIS SPACE

24000005

2. Principal Place of Business

2805 N. Highway A1A

Suite, Apt. #, etc.

Unit 504

City & State

Indialantic FL

Zip

32903

Country
USA

3. Mailing Address

2805 N. Highway A1A

Suite, Apt. #, etc.

Unit 504

City & State

Indialantic FL

Zip

32903

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

83-0348075

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Deborah F. Ridel

Street Address (P.O. Box Number is Not Acceptable)

2805 N. Highway A1A

Unit 504

City Indialantic

FL

Zip Code
32903

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <u>RONALD J. Ridel</u> <u>2805 N. Highway A1A Unit 504</u> <u>Indialantic FL 32903</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <u>Deborah F. Ridel</u> <u>2805 N. Highway A1A</u> <u>Indialantic FL 32903</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <u>MARK E. Ridel</u> <u>21993 Woodfield Tr.</u> <u>Strongsville Ohio 44148-9205</u>
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Deborah F. Ridel Deborah F. Ridel

12/30/2003

321-779-8824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E0838 (12/02)